

spasms; headache; slight perspiration; complains of soreness in the bowels and tenesmus of the bladder. There were also passive delirium; vomiting, hiccough and contracted pupils.

23rd.—Pulse 92; temp. 99; vomiting; hiccough; tenesmus of the bladder; bowels acted loosely without control; pupils still contracted; patient evidently sinking; passed catheter, no urine.

24th.—Pulse 120; temp. 103; vomiting; no hiccough; sinking; appears to be somnolent and listless; unchanged in other respects.

25th.—Pulse 118; temp. 101; resp. 12; breath foetid and ammoniacal; somnolent; clonic spasms; perspired freely from diaphoretic.

26th.—Restless; delirious; lies with mouth open; answers questions with hesitation; passed catheter, no urine; condition in other respects much the same.

27th.—Pulse 116; temp. 101; resp. 8; lies in a comatose condition; took no nourishment; condition in other respects unchanged. She died at 12 o'clock at night.

The points of interest to me in this case are the following:—

1st. The sudden suppression of urine without any previous history of kidney trouble.

2nd. The length of time that the system withstood the suppression, viz., eleven days.

3rd. As to the cause, which was in all probability due to the absorption of decomposing matter in connection with the dead foetus in the womb, producing blood-poisoning. Of this, I think there can be very little doubt, as the symptoms point strongly to such a condition.

[Apropos of the above case, Dr. McLaren, of Delaware, Ont., sends us brief notes of a case recently, where a woman, æt. 51, lived for 17½ days, without passing urine, and died from uræmic poisoning. Just before this condition set in she had, for about thirty hours, suffered from an attack of hæmaturia. That ceasing, no further urine was secreted—*entire suppression*. The patient had been an invalid for seven years. The Dr. has promised us full notes of the case later on].—ED. LANCET.

Correspondence.

EXTRAORDINARY TESTIMONY.

To the Editor of the CANADA LANCET.

SIR,—Would you be kind enough to give your

readers a definition of what is really comprehended in a medical visit? In a recent case in the county court in this Province, one witness gave extraordinary testimony, which was published in the *Examiner* newspaper, as follows:—"I define it to be what you do after you get there; it may be to draw a tooth—it may be a case of midwifery; I would include six hours in a visit; twenty minutes or half an hour is long enough for a consultation; when one doctor sends for another, he does it to learn something or share responsibility, and has no right to be paid; but the one sent for should be paid; a doctor has no right to receive so much for removing a placenta as a case of midwifery, for removing a placenta is a minor part of it; I never charge more than a dollar for it; administering an enema is one of those things that old women do; the services performed at the house is the main consideration for making a charge." As the privileges of medical men in the courts here depend very much on the medical testimony available at the court, and finding medical jurisprudence not generally viewed by witnesses from the same standpoint, would you be kind enough to give us your experience of the practice and custom of the profession in Ontario, as well as the treatment medical men receive in the courts? I thought a medical visit included nothing more than going to the patient, making a diagnosis, and prescribing. What is your custom and practice? Does a visit include or comprehend any operation? Do your courts of justice require medical men to analyze their prescriptions item by item in proving the value of the medicines furnished, by reading each item to the judge, or would it be sufficient to call testimony, and submit the prescription, and ask the witness to prove its value? Have you a scale of fees for medical men in the Province of Ontario, and what weight does such scale of fees carry in your courts? What would you consider a reasonable fee for administering an enema? Is it customary to charge for detention, and how much per hour? Would five dollars be a reasonable fee for removing an adherent placenta in a case of abortion or premature birth?

I always thought, when a doctor took charge of a case that he could visit the patient as often as he thought proper without having fresh authority each time he visited; and that the medical man having charge of the case was allowed discretionary powers,